

PART B - FEE(S) TRANSMITTAL

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12/28/2006

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| | | | | |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/749,327 | 12/30/2003 | Curtis P. Tom | 10177-243-999 | 8198 |

TITLE OF INVENTION: PRESSURE SENSOR FOR THERAPEUTIC DELIVERY DEVICE AND METHOD

| | | | | | | |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 03/28/2007 |

| | | |
|------------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| GANNEY, STEVEN J | 3752 | 604-065000 |

| | | |
|---|---|------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, if there are none, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | <u>Jones Day</u> 2. 3. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | |
| <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies

4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the amount of fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-3013** (enclose an extra copy of this form).

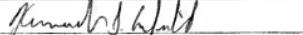
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date **March 27, 2007**

Typed or printed name

Kenneth S. Canfield

Registration No. **58,442**

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